

WTD Proposed Raw Sewage Pump Electrical Evaluation

Name of Pump Station

Date of Inspection .....

Person (s) Performing Inspection .....

Equipment Tag Identification (number and description) .....

Asset Tag Number .....

Manufacturer .....

Model Number .....

Serial Number .....

Size .....

Initial Start up date .....

Lifetime Total Hours (to date): .....

Operational Context (No. # of pumps, lead/lag, standby, etc.)

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Maintenance History (P.M., repair, insulation testing, cleaning, repetitive failures, etc.)

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Parts Availability (inventory, factory inventory, special or obsolete bearings, obsolete parts needing custom manufacture, slip rings etc.) .....

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| Inspection Results.      | Previous Insp.<br>(Date) | Today<br>(Date) |
|--------------------------|--------------------------|-----------------|
| Physical condition ..... |                          |                 |
| Volts .....              |                          |                 |
| Amps .....               |                          |                 |
| Megger .....             |                          |                 |
| Hy-Pot ..... (n/a)       |                          |                 |
| Noise .....              |                          |                 |
| Overall assessment. .... |                          |                 |

#### Life Expectancy of Equipment.

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| STD design life (per WTD criteria) .....                               |
| Typical remaining life (STD less years in service) .....               |
| Adjustment to the remaining life (operations, maintenance, parts)..... |
| Adjusted remaining life (forecasted).....                              |